

THE DIVISION OF HEALTH OF MISSOURI
FILED MAY 20 1950 STANDARD CERTIFICATE OF DEATH

State File No. **17022**
2026

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>9 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		<u>38</u> <u>380</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1635 Cypress</u>			
3. NAME OF DECEASED (Type or Print) <u>Margaret</u>		a. (First) _____ b. (Middle) <u>E.</u> c. (Last) <u>Worley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 1, 1950</u>			
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Oct. 19, 1918</u>	
9. AGE (In years last birthday) <u>31</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James B. Morris</u>		13b. MOTHER'S MAIDEN NAME <u>Freda A. Caldwell</u>		14. NAME OF HUSBAND OR WIFE <u>Paul F. Worley, husband</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>497-18-4118</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Paul Worley, 1635 Cypress, Kansas City, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular hemorrhage</u>				<u>6 hrs.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>33/X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>5-1, 1950</u> , to <u>5-1, 1950</u> , that I last saw the deceased alive on <u>5-1, 1950</u> , and that death occurred at <u>11:53</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>R. S. Long</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>4800 E. 24th Kansas City</u>		23c. DATE SIGNED <u>5-2-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>5/3/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Centralia</u>		24d. LOCATION (City, town, or county) (State) <u>Centralia, Missouri</u>	
DATE REC'D BY LOCAL REG <u>5-2-50</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STINE & McCLURE UND.CO., Kansas City, Mo.</u>			

(Licensed Embelmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Max Meyer

Signed
Student Embalmer

Licensed Embalmer No. *45-53-*

P. O. Address *H. E. No*

Note: The above MUST BE SIGNED BY THE LICENSED, EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.